



# Report of an inspection of a Designated Centre for Disabilities (Adults).

## Issued by the Chief Inspector

Name of designated centre:	Cumas
Name of provider:	Saint Patrick's Centre (Kilkenny)
Address of centre:	Kilkenny
Type of inspection:	Short Notice Announced
Date of inspection:	14 September 2021
Centre ID:	OSV-0007775
Fieldwork ID:	MON-0033996

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

Cumas is a designated centre located in Co. Kilkenny. It provides residential supports for four individual residents over the age of 18 years with an intellectual disability. An appointed person in charge oversees the day to day operations of the centre. The centre is comprised of 4 single occupancy apartments which have been decorated and adapted to meet the needs of the residents. Staffing support is afforded 24 hours a day 7 days a week.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 14 September 2021	9:00 am to 5:00 pm	Tanya Brady	Lead

## What residents told us and what inspectors observed

This inspection was completed while restrictions relating to COVID-19 were in place, as such the inspector adhered to infection prevention and control best practice through the wearing of personal protective equipment and maintaining social distance. The centre is home to four residents and the inspector met with all four over the course of the day.

Residents in this centre were observed to have a good quality of life and to be well integrated into the community. The inspector observed neighbours waving as they walked past and a car stopping to call hello to a resident who was on their balcony. The staff supporting the residents were observed to be familiar with individuals specific needs and preferences and to have busy days planned that ensured positive experiences for each resident.

This centre comprises of four apartments within an apartment complex in Kilkenny city. Each resident has their own apartment and there are two adjacent to one another on the ground floor and two adjacent to one another on the first floor. Each resident had their own bedroom, bathroom and open plan kitchen and living area, and a balcony.

The residents all had individual complex communication needs and staff were seen to use manual signing systems in addition to ensuring their language was concise to support residents understanding. Staff could interpret subtle and complex communications used by residents to express themselves. Residents were reported to enjoy going to the beach in a neighbouring county and having fish and chips by the sea. They were planning a short holiday and often had neighbours stop in with a slice of cake if they had been baking. One staff member used the resident's electronic tablet with a slide show of photographs to support a resident in explaining to the inspector about activities they enjoyed.

One resident who loves farming was supported to view live links to the local mart in addition to videos on social media that related to farming. They reported that they were going for a drive in the country later to see if they could find some cows to watch as they really liked that. The resident had personalised flower planters on their balcony in the shape of tractors, trailers and farm animals. Another resident had a sensory room in their apartment and were observed to use it for relaxation in the afternoon after a walk. Another resident had been shopping with family and wanted the inspector to join them in reviewing their new purchases. The inspector sat with them on the sofa and they showed the inspector a new jumper and rucksack. One resident was going out for a drive but had a number of items they needed so were going with staff to the shops first.

The staff team were observed to be caring and supportive and residents were observed to be relaxed in their company, with one resident requesting their supporting staff to stand next to them as reassurance when they were interacting

with the inspector. The inspector was told that on a recent warm day, children from the neighbouring houses had gone to the shop to buy ice-cream and had returned with some for the residents which they had bought for them and handed in over the balcony. One staff member reported that a neighbour had been concerned as they had not seen a resident over a few days and had stopped the staff member to ask if there was anything they could do. The inspector observed interactions and heard a number of stories that demonstrated strong engagement the residents had with their local community.

The following sections of the report outline findings of the regulations reviewed during this inspection and their impact on the quality and safety of the service provided to the residents that live in the centre. The inspector found that overall there were high levels of compliance with the regulations however, some areas for improvement were identified such as maintenance of wear and tear in the premises, infection prevention and control and fire safety.

## Capacity and capability

The provider and person in charge were found to be monitoring the quality of care and support that was provided to the residents in this centre. Throughout this inspection residents were seen to be treated respectfully and in a caring positive manner. The provider was striving to enable residents to live in a community environment that promoted their quality of life. As evidenced by a good compliance level across the majority of regulations inspected against, the provider had been successful in putting in place structures and supports that ensured residents experienced good quality of life.

A clear organisational structure was in place in the centre with roles and responsibilities clearly set out. In addition to the day-to-day operations of the centre, clear lines of reporting were also in place to ensure the provider was aware of how the centre operated. The person in charge and provider had a range of audits in place that were used to monitor the service and to inform improved quality of care provided to residents.

## Regulation 15: Staffing

The inspector found that the staff team in place were consistent and had received training to equip them in supporting the residents' specific care and support needs. The inspector reviewed rosters in place and found that they were reflective of the staff team in place. While there were some current gaps on the roster which were filled by agency staffing the person in charge ensured that they were used only if required and matched staff with residents so as to support consistency.

The inspector reviewed a sample of personnel files and found that they contained the information as required in the regulations.

Judgment: Compliant

### Regulation 16: Training and staff development

Arrangements were in place for staff to receive both informal and formal supervision. The person in charge was a regular presence in the centre which ensured that staff practice could be supervised. Staff team meetings were held at regular intervals which also promoted shared learning. Training was provided in a range of areas and review of the training records indicated that the staff team had received training as required. Refresher training was scheduled and provided, however, a small number of staff were found to require refresher training in the area of managing behaviours that challenge. This was found to be a requirement for staff in risk assessments as a control measure.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Overall, the governance and management arrangements were effective in delivering a good quality service to residents. There were clearly defined management structures which identified the lines of authority and accountability. The staff team reported to the person in charge who in turn reported to the community services manager.

Unannounced visits were being carried out every six months as required by regulation and a supporting action plan was in place to address any issues that were identified. An annual review to review the quality and safety of care and support provided to residents had also been completed and both residents and their families/representatives had been consulted in the completion of this.

The person in charge attended regular meetings with other persons in charge for centres operated by the provider and there was evidence of shared learning and peer support available from review of the meeting minutes. The person in charge and community services manager also met at regular intervals to ensure that actions that were pertinent to the provision of a quality service were identified and addressed.

Judgment: Compliant

## Regulation 31: Notification of incidents

The inspector reviewed records of all accidents and incidents for the centre and found that the person in charge had submitted notifications to the Chief Inspector as required by regulation.

Judgment: Compliant

## Regulation 34: Complaints procedure

The provider had clear procedures relating to the management of complaints. A complaints and compliments log was maintained by the person in charge. On the day of inspection there were no active complaints however, the staff team had made a complaint on a residents request to an external agency and there was evidence that this had been followed up with ongoing conversations had with the resident. Compliments had also been received and were recorded.

Judgment: Compliant

## Quality and safety

The overall environment in this centre was welcoming, homely and specific to the assessed needs of the residents who lived there. The quality and safety of care provided to the residents was being monitored as required by the regulations and while some improvements were required as detailed below overall the residents' complex needs were being provided for.

Throughout the inspection the inspector observed that the residents appeared happy and interacted successfully with their staff, families and community. There was easy to read, symbol supported information available for residents to review with evidence that information of particular importance was discussed with residents on an ongoing basis. Residents had strong links with their local community and were consulted in the running of their home in an ongoing manner.



## Regulation 13: General welfare and development

The provider and person in charge ensured that each resident had appropriate care that supported them to develop and maintain meaningful links with the local community. The inspector observed each resident accessing the local area for walks or to go to the shop and they each had their own vehicle allowing them to determine when to go out. Residents were observed to call out to neighbours in greeting and to be acknowledged or greeted by friends and neighbours over the course of the day.

Judgment: Compliant

## Regulation 17: Premises

This centre comprises of four individual apartments located in close proximity to each other in an apartment complex. Each resident had access to their own balcony which reflected their individual interests and preferences. The apartments were also decorated to reflect the preferences of each individual resident, with furniture, paint colour, curtain and soft furnishing choices and displayed personal items differing in each apartment.

The provider completed property reviews as part of their health and safety audits where areas requiring maintenance were identified. The inspector found that in one apartment there were significant areas of scuffed paint on walls, door frames and skirting boards which required repainting due to wear and tear from wheelchair use and in another apartment there was an area of paint peeling from the wall above a kitchen table.

Judgment: Substantially compliant

## Regulation 26: Risk management procedures

The residents in this centre were protected by policies, procedures and practices relating to health and safety and risk management. Risk management systems were effective and centre specific. There was a detailed and current risk register which included clinical and environmental risks and pertinent plans and environmental adaptations made to meet the complex needs of the residents.

The inspector reviewed the general and individual risks for residents and found that for some areas, risk had been assessed for all four residents such as use of the balcony or fire evacuation. This was discussed on the day of inspection as an area for further consideration as control measures required for residents on the first floor

may differ for risks presenting on the ground floor. Also as already identified under regulation 16, control measures for the management of self harm were that all staff were trained in the management of behaviour that challenges.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider and person in charge had taken steps in relation to infection control in preparation for a possible outbreak of COVID-19. The provider maintained contingency plans should an outbreak of COVID-19 or other infectious disease happen and these are reviewed and updated regularly.

The apartments were cleaned regularly and the inspector found that the individual resident's living areas in addition to the apartment building shared spaces such as hallways outside apartments were clean. Cleaning records were reviewed and they were completed and reflected staff practice. Additional areas for cleaning such as hoists or specialist profiling beds were also included on the schedule.

The inspector found however, that regular water flushes were not happening in areas where showers and taps were not used, this is important to protect against Legionnaires disease or other water borne disease. This was as a result of en-suite bathrooms not required for resident use being used for storage.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training and residents' personal evacuation plans were in place in addition to a centre evacuation plan.

The inspector reviewed records of fire drills and found that while they were carried out in line with the providers policy, there was no evidence that the night drills accurately reflected the actual minimum staffing levels where one staff member was involved in evacuating two residents during the same drill. Daily, weekly and monthly fire safety checks were in place as required by the providers policy however, review of the records of these found that not all checks were being completed as required and there were gaps of up to six days in the month preceding the inspection.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The residents personal plans were reflective of their social, health and psychosocial needs. They were developed in consultation with residents and their family and were frequently reviewed. There was an assessment of need in place for each resident and support plans and risk assessments were developed in line with these assessed needs.

Particular roles that residents fulfilled in their lives such as, neighbour, home owner or family member had set goals that the residents were engaged in. The inspector found one resident was going to post a card home to their family as part of their goal to keep in contact and this was important to them. In turn they received cards and photographs which staff had displayed in their living room. Residents were also supported to develop personal skills such as directing others and in learning to effectively say yes or no to offered activities.

Judgment: Compliant

### Regulation 6: Health care

The residents healthcare needs were identified, monitored and responded to promptly. The residents had access to health and social care professionals and to specialist medical professionals in line with their assessed needs. The person in charge ensured that an annual review of all appointments attended by a resident was in place and records corresponding to these were available for review. Clear procedures and care plans were in place to guide staff in supporting residents with their healthcare needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge. Where required the residents had positive behaviour support plans in place which had recently been reviewed and clearly guided staff to support them to manage their behaviour. In addition residents had 'wellness' plans in place which supported residents in maintaining positive mental health. Staff who spoke with the inspector were found to have the up-to-date knowledge and skills to support residents to manage their behaviour. The person in charge regularly

reviewed incident records and referred to behaviour support professionals if this was indicated.

The use of restrictive practice was in place to promote the safety of the residents. A register of restrictive practices in place was maintained and there was evidence that it was regularly reviewed.

Judgment: Compliant

### Regulation 8: Protection

There were systems in place to ensure all residents were adequately safeguarded at all times in the centre. A safeguarding policy was in place which gave clear guidelines for staff on procedures if a concern arose. The person in charge together with a relevant professional employed by the provider completed safeguarding audits and these were found to be detailed and any actions arising from these had been completed on the day of inspection.

A comprehensive and detailed intimate care plan had been developed and maintained for each resident.

Safeguarding plans that were in place were reviewed as required and changes made if needed. Staff spoken to were familiar with the contents of these plans.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cumas OSV-0007775

Inspection ID: MON-0033996

Date of inspection: 14/09/2021

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>SPC is currently implementing the roll out of MAPPA training across the service to ensure all employees receive training/refresher training to manage behaviours that challenge. The first training is scheduled for 04/11/2021 and monthly training courses will be provided until April 2022 to ensure all outstanding training will be completed.</p> <p>The PIC has contacted training department to book staff members who require refresher training on to the scheduled courses. Additional supports are provided to the staff team by the Behaviour Support Specialist through On the Job mentoring and support plans.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>PIC has completed an audit in Cumas to highlight all areas that require maintenance and repair work to be completed. The PIC has sent the identified areas of improvement to Health &amp; Safety Department on the 15/10/2021 and requested those to be included on the Cumas maintenance plan.</p> <p>PIC is awaiting a date for completion of maintenance work.</p>	

Regulation 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>The PIC has contacted Health &amp; Safety Department on the 13/10/2021 to ensure areas where shower and tabs not being used are added to the daily cleaning schedule in Cumas. This will ensure that regular water flushes are completed in these areas to ensure good IPC.</p> <p>The PIC will discuss with the staff team the updated cleaning schedule in the team meeting on 20/10/2021 and follow up in face-to-face conversations with team members.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The PIC has added Regulation 28 to the team meeting agenda on the 20/10/2021. The PIC will discuss with the staff team in detail:</p> <ul style="list-style-type: none"> <li>• CEEP for Cumas</li> <li>• PEEPs for all people supported</li> <li>• Recommendations from a meeting with the fire officer in 2020</li> <li>• Planning, documentation and discussion of learning from fire drills</li> <li>• Completion of fire checks</li> </ul> <p>Night time fire drills will be scheduled between 21/10/2021 to 20/12/2021 and completed with each person supported in Cumas. The PIC will oversee and observe each drill and discuss learning with the staff team.</p>	



## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30/01/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	31/12/2021
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by	Substantially Compliant	Yellow	20/10/2021

	adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	20/10/2021
Regulation 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	20/12/2021